



**DIGITAL
ENVIRONMENTS AND
DEVELOPING MINDS:**

RESEARCH AND STRATEGIES FOR

PROFESSIONALS, PRODUCERS

AND POLICY MAKERS.

REGISTRATION FORM

Acceptance of registration will be forwarded by email once payment is received.

Please contact us if you have not received acceptance within 21 days of you forwarding your payment.

TAX INVOICE:

ABN 75 132 672 416
All rates are GST inclusive.
All rates are quoted in
Australian Dollars.

Title: _____ First Name*: _____ Surname*: _____

Preferred Name on Badge: _____ Telephone*: _____ Mobile*: _____
For your event confirmation

Position: _____ Organisation: _____

Mailing Address*: _____

Town/City*: _____ State*: _____ Postcode*: _____

Email*: _____

Email for Accounts Payable*: _____

Purchase Order Number: _____

**Denotes required field*

REGISTRATION TYPE

		Full Registration
Per Person	<input type="checkbox"/>	\$550
Group Rate (2) <small>(Please include details on next page)</small>	<input type="checkbox"/>	\$470pp
Group Rate (3)	<input type="checkbox"/>	\$440 pp
Group Rate (4)	<input type="checkbox"/>	\$400 pp
Group Rate (5+)	<input type="checkbox"/>	\$380 pp
Combine & Save	<input type="checkbox"/>	\$690
		<small>Receive a discount when you combine your registration with a new ACEL membership – normally \$195. (\$140 Membership + Member Rate)</small>

PAYMENT DETAILS

Master Card

Visa

Cheque (made payable to ACEL)/Direct Deposit

Card Number

□□□□ □□□□ □□□□ □□□□

Expiry Date (MM/YY) □□/□□

Name on card _____

Signature _____

TOTAL \$ _____

SPECIAL REQUIREMENTS

Please note any special requirements ACEL needs to be made aware of (physical impairments, health considerations, dietary requirements).

TERMS AND CONDITIONS

By completing this form you are accepting ACEL's Event Policies available at acel.org.au

Please ensure that yourself, those registered and the credit card holder (if applicable) read and fully understand these terms and conditions prior to submitting this registration.

Please inform ACEL if you do not want any photographs of you to be published.

Please tick here if you require an invoice to be sent to the email noted above.

Please complete all relevant sections and return with payment to:

Australian Council for Educational Leaders:
PO Box 876, Strawberry Hills, NSW 2012

F 1800 680 561
E admin@acel.org.au
T 1800 680 559
acel.org.au

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*Details of those attending **with you.***

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1	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
2	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
3	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
4	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
5	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
6	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
7	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
8	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation
9	Full name: _____ Email: _____	Mobile*: _____ For your event confirmation

**Denotes required field*

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Hills, NSW 2012

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